

Work Order ID 90131

90131

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September-13-12 1:43:19 PM

Item ID: D3281-1L02

Accept

N9000040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Floor Protector, Fwd LH (Black)

Start Date: 9/12/12 Start Qty: 4.00

4

Cust Item ID:

Required Date: 10/12/12 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-09-17 Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3281	Rev F
DSI 9504	A

100

0.00

100

HAND FINISHING THERMOFORMING

Thermoform

Memo

0.00

Thermoforming Machine

Cut Blanks

X4

DAS
07
89

12/09/25

105

0.00

105

Dry Material

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per QSI022 POLYCARBONATE

Temp: 340° F

Time IN: 2:00 pm 12/09/24

Time OUT: 7:00 am 12/09/25

X4

DAS
07
89

12/09/25

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 90131

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Page 2

Item ID: D3281-1L02 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Floor Protector, Fwd LH (Black)
 Start Date: 9/12/12 Start Qty: 4.00 ***4*** Cust Item ID:
 Required Date: 10/12/12 Req'd Qty: 4.00 ***4*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110 *110* Thermoform Thermoforming Machine	THERMOFORMING MACHINE Memo Thermoform as per Dwg. D3281 and Folio FTA 011 Dwg. Rev. <u>E</u> Folio Rev. <u>D</u>	0.00 0.00				x 4			DAS 07 2-89 12/09/25
130 *130* Thermoform Thermoforming Machine	HAND FINISHING THERMOFORMING Memo Trim to Finished Dimensions	0.00 0.00				x 4			DAS 07 2-89 12/09/26
140 *140* QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo	0.00 0.00				x 4			DAS 07 2-89 12/09/26

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 90131

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Item ID: D3281-1L02 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Floor Protector, Fwd LH (Black)
 Start Date: 9/12/12 Start Qty: 4.00 *4* Cust Item ID:
 Required Date: 10/12/12 Req'd Qty: 4.00 *4* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00	Smb 12.9.27	DAS 16 100		4			
160 *160* Packaging Packaging	Packaging Memo	0.00 0.00				4		82	12/9/27
170 *170* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00						MLJ	12-09-27

MLJ 12-09-27

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Picklist Print

September-13-12 1:43:19 PM

Page 1

Work Order ID: 90131

Parent Item: D3281-1L02

Start Date: 9/12/12

Required Date: 10/12/12

Parent Item Name: Floor Protector, Fwd LH (Black)

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A04.07.01New issueKJ/JLM

IPP Rev B. 07.16.2007 Thermoform in house DL

IPP Rev. C Add Step 105 Dry

Material 10/04/21 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.093-F6006-02 GE PLASTICS LEXAN SHEET		Purchased	No				sf	716.4960		17.332			

Location

therm

Loc Qty

716.4959879

10.8059879

705.69

Loc Code

110877

122033

17.332 sq ft

DAS
07
12/09/26

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

DART AEROSPACE LTD		Work Order:	90131
Description: Floor Protector, Fwd LH		Part Number:	D3281-1
Inspection Dwg: D3281	Rev: F	Page 1 of 1	

FIRST ARTICLE INSPECTION CHECKLIST
THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than 0.1875" Go/No Go	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by:	<i>Wh</i>	Date:	12/09/25
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TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
18.6	+/-0.100	18.5"	✓		TAPE DL-01	
17.1	+/-0.100	17.0"	✓		TAPE DL-01	
11.7	+/-0.100	11.6"	✓		TAPE DL-01	
0.95	+/-0.030	0.98"	✓		VEN DLO2	
0.25	+/-0.030	0.263"	✓		VEN DLO2	
0.030	Min	0.063"	✓		CAL-DITH	
0.070	Min	0.086"	✓		CAL-DITH	

Measured by:	<i>Wh</i>	Date:	12/09/26
Audited by:	<i>Smb</i>	Date:	12.9.27
Preliminary Approval:		Date:	

Rev	Date	Change	Revised by	Approved
A	08.02.28	New Issue	KJ/DL	
B	08.04.16	Dimensions updated per Dwg Rev D	KJ/DL	
C	08.09.12	Tolerance revised for 0.070 dimension	KJ/DL	
D	10.09.01	Dwg Rev updated	KJ	
E	11.06.21	Dwg Rev updated	KJ	

DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS IIN-D044-719 REV. A
AND INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D044-719 REV. 0

REF TCCA STC: SH04-40
REF FAA STC: SR02051NY
REF EASA STC: EASA.IM.R.S.01075

PURPOSE:

To add the D044-719-011L08 Clear Cabin Floor Protectors. The -011L08 kit is similar to the existing -011 kit, however the plastic is transparent instead of solid black. The existing D044-719-011 kit will be re-identified as D044-719-011L02.

CHANGE:

The D044-719-011L08 Cabin Floor Protectors kit consists of four transparent plastic trays that are placed on the cabin floor to protect the carpets from damage. The -011L08 kit should be installed per the -011 kit of Installation Instructions IIN-D044-719 and maintained per Instructions for Continued Airworthiness ICA-D044-719. The parts list and weight & balance for the -011L08 kit is given below.

PARTS LIST

QTY -011L02	QTY -011L08	Part Number	Description
X		D044-719-011L02	Cabin Floor Protectors (Black)
	X	D044-719-011L08	Cabin Floor Protectors (Clear)
1		D3281-1L02	Floor Protector, Fwd LH, Black
	1	D3281-1L08	Floor Protector, Fwd LH, Clear
1		D3281-2L02	Floor Protector, Fwd RH, Black
	1	D3281-2L08	Floor Protector, Fwd RH, Clear
1		D3281-3L02	Floor Protector, Aft LH, Black
	1	D3281-3L08	Floor Protector, Aft LH, Clear
1		D3281-4L02	Floor Protector, Aft RH, Black
	1	D3281-4L08	Floor Protector, Aft RH, Clear
8	8	D2854-1-100	Looped Velcro Strip
8	8	D2854-3-100	Hooked Velcro Strip

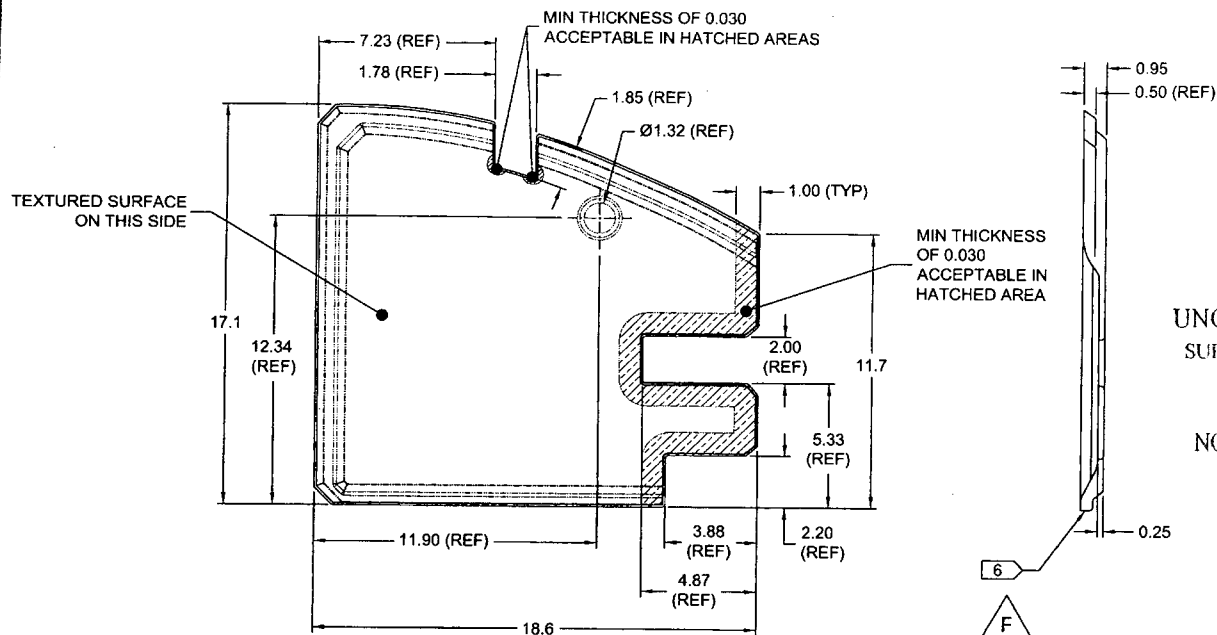
WEIGHT AND BALANCE

Installation	Weight	Lateral		Longitudinal	
		Arm	Moment	Arm	Moment
D044-719-011L02 Cabin Floor Protectors	3.9 lb 1.8 kg	0 in 0 m	0 in-lb 0 m-kg	50 in 1.27 m	195 in-lb 2.3 m-kg
D044-719-011L08 Cabin Floor Protectors	4.4 lb 2.0 kg	0 in 0 m	0 in-lb 0 m-kg	50 in 1.27 m	220 in-lb 2.5 m-kg

90131

CANADA DEPARTMENT OF TRANSPORT AIRCRAFT CERTIFICATION BRANCH DAO # 01-O-01
APPROVED BY: D. SHEPHERD (DE # 02)
DATE: 10.02.24 CERT. NO.: SH04-40 ISSUE NO.: 1

A	NEW ISSUE	CP	10.02.24
REV.	DESCRIPTION	BY	DATE
DESIGN	90	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	90		
CHECKED	90	DRAWING NO. REV. A DSI 9504 SHEET 1 OF 1	
MFG. APPR.	N/A		
APPROVED	90	TITLE SCALE FLOOR PROTECTOR KIT, CLEAR NTS	
DE APPR.	90		
DATE	10.02.24	COPYRIGHT © 2010 BY DART AEROSPACE LTD <small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	



D3281-1 FLOOR PROTECTOR

NOTES:

- 1) MATERIAL: -1L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-1L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENT WITH DART P/N "D3281-1Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-1L02 = 0.95 lb D3281-1L08 = 1.13 lb
- 8) THERMOFORM WITH MOLD D3281-1T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

SHOWN
REMOVED
ENGINEERING
UNCONTROLLED
SUBJECT TO CHANGE
WITHOUT NOTICE
WORK IN PROGRESS

NO. 90131 MO
12-09-17 RELEASED
2010-11-25

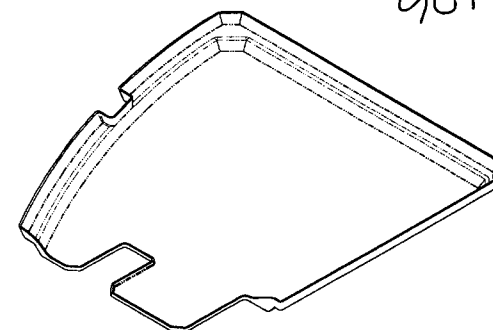
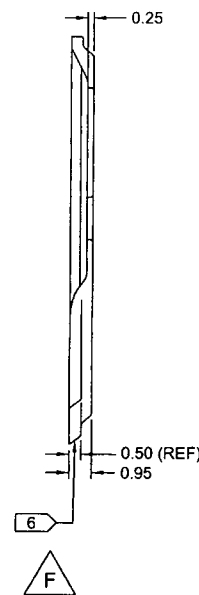
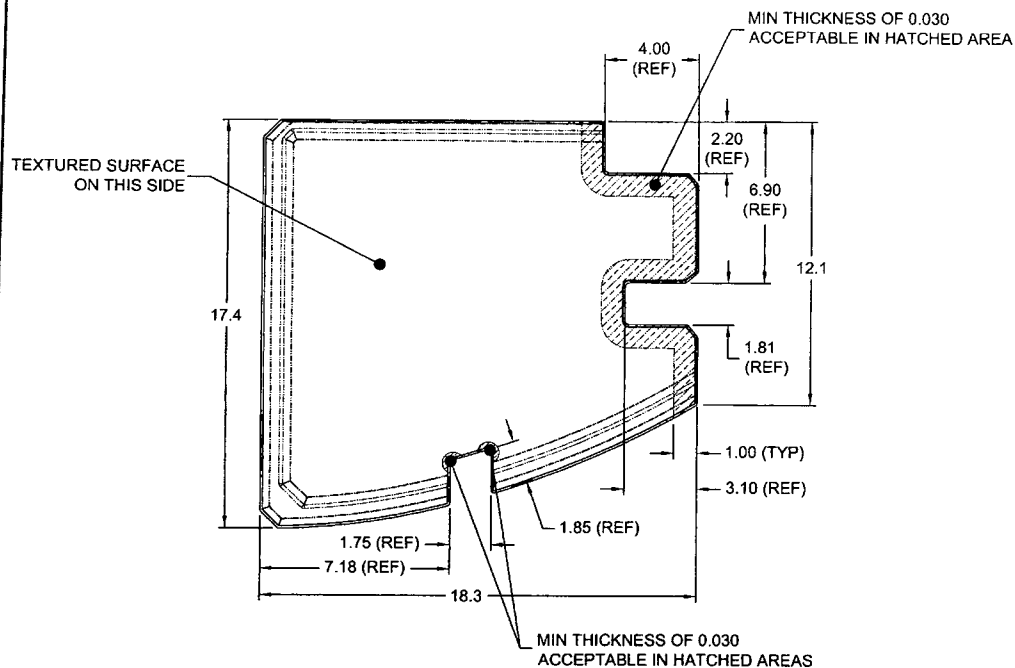
F	NOTES UPDATED. FLAG NOTE 6 WAS 7 & RELOC, D.E.O. D3281-E-1 INC. DIM 17.0 WAS 17.1 (ZN B5-3, B6-4) & 17.7 WAS 17.8 (ZN C5-3, C6-4) REF CAR 10-21.	JPH	10.09.27
E	3/4" NOW TRIMMED FLAT: RMV 0.25 BEVEL TO FACILITATE TRIMMING (ZN D6-3, D4-4)	CP	10.01.05
D	THICKNESS 0.093 WAS 0.125, MIN THICKNESS 0.070 WAS 0.080, P/N AND B/N ID WITH VIBRATING STYLUS (ZN A7-1, A7-2, A7-3, A7-4); D3281-4 NOW ON PAGE 4; CORRECT WEIGHTS (ZN A8-1, A8-2, A8-3, A8-4)	PH	08.03.28
C	UPDATE DIMS TO MATCH PARTS: COLOUR 701 WAS 700; GENERAL UPDATE	LE	07.10.09
B	NOW LEXAN; DIMS AS MANUFACTURED	CP	05.11.25
A	NEW ISSUE	CP	04.05.03
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	10.09.27		

DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D3281
REV. F
SHEET 1 OF 4
TITLE FLOOR PROTECTOR
SCALE
NTS

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90131



D3281-2 FLOOR PROTECTOR

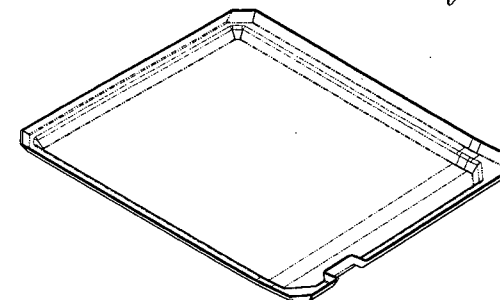
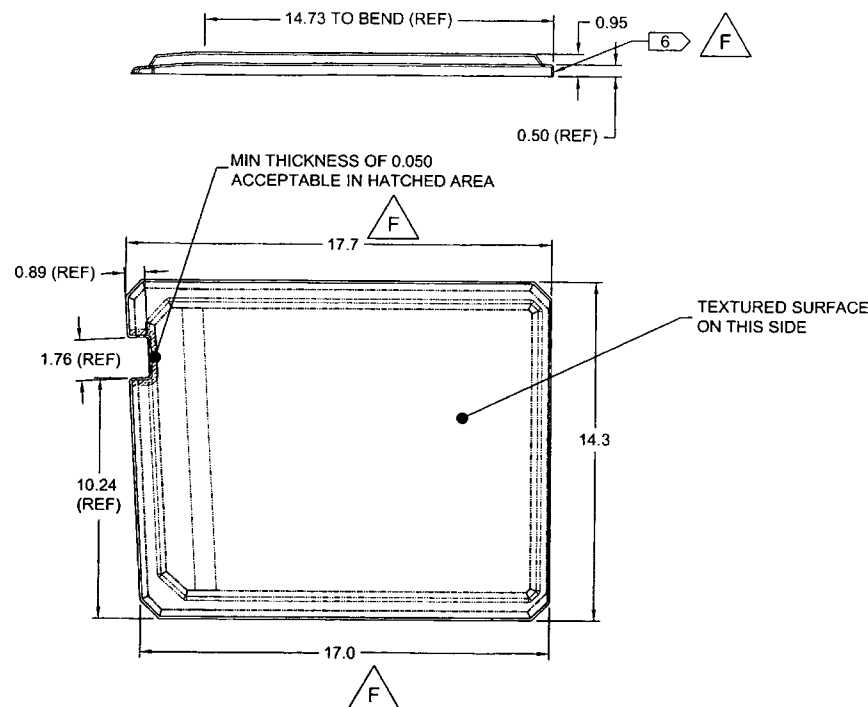
NOTES:

- 1) MATERIAL: -2L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-2L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENT WITH DART P/N "D3281-2Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-2L02 = 0.95 lb D3281-2L08 = 1.13 lb
- 8) THERMOFORM WITH MOLD D3281-2T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

RELEASED
2010-11-25

DESIGN		DART AEROSPACE LTD	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV.
MFG APPR.		D3281	SHEET 2 OF
APPROVED		TITLE	SCALE
DE APPR.		FLOOR PROTECTOR	NT
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D3281-3 FLOOR PROTECTOR

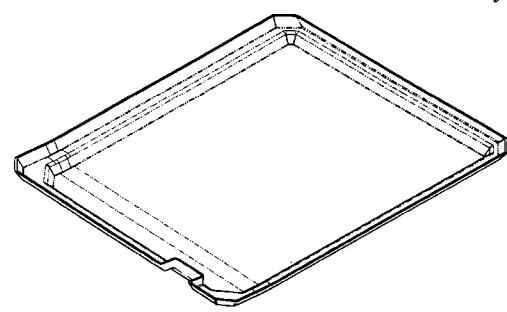
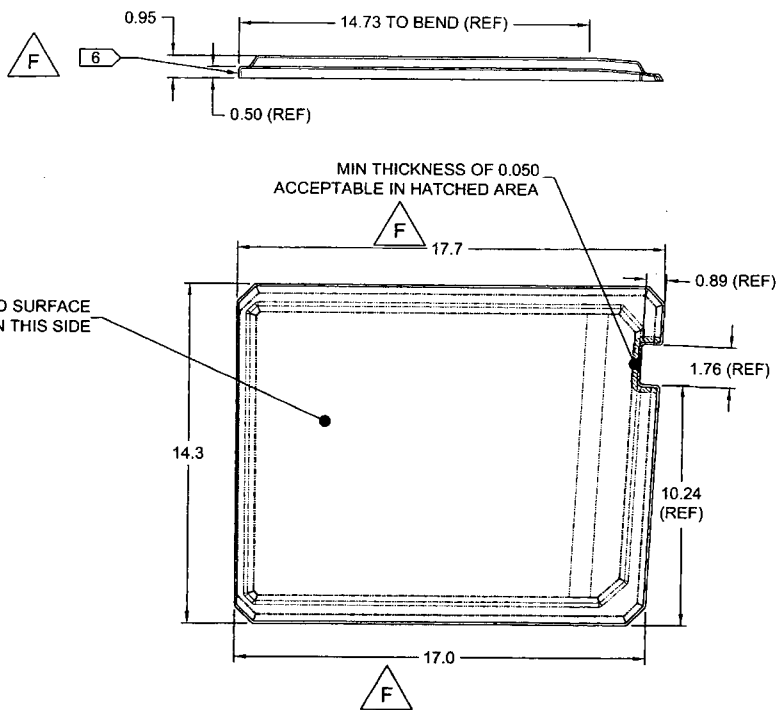
RELEASE
2010-11-25

NOTES:

- 1) MATERIAL: -3L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-3L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENT WITH DART P/N "D3281-3Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-3L02 = 0.87 lb D3281-3L08 = 1.05 lb
- 8) THERMOFORM WITH MOLD D3281-3T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

DESIGN	90	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	8		
CHECKED	90	DRAWING NO.	REV. F
MFG. APPR.	SA	D3281	SHEET 3 OF 4
APPROVED	10/27	TITLE	SCALE
DE APPR.	TH	FLOOR PROTECTOR	NTS
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90131



D3281-4 FLOOR PROTECTOR

RELEASED
2010-11-25

D3281-4 NOTES:

- 1) MATERIAL: -4L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-4L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENTIFICATION: IDENT WITH DART P/N "D3281-4Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-4L02 = 0.87 lb D3281-4L08 = 1.05 lb
- 8) THERMOFORM WITH MOLD D3281-4T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

DESIGN		DART AEROSPACE LTD	
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CHECKED		DRAWING NO.	REV. F
MFG. APPR.		D3281	SHEET 4 OF 4
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DE APPR.		FLOOR PROTECTOR	NTS
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